

METER DISCREPANCY INSPECTION REQUEST

OFFICE STAFF:		
Date Reported:	Meter # _____	
Time Reported:	Meter Type ___ 30 Min ___ 1HR ___ 2 HR ___ 3 HR ___ 10 HR	
Complainant Name _____		
Telephone # () _____		
Address _____		
City _____	State _____	Zip _____
Description of Malfunction _____ _____ _____		
Citation Number: _____	Date Issued: _____	Time Issued: _____
FIELD INSPECTION		
_____ No Malfunction	Comments _____ _____	
_____ Defective	Description of Repairs _____ _____ _____	
Inspection Completed By: _____	Date: _____	Time: _____
OFFICE PROCESSING		
Notification of Results: _____ Called Complainant _____ Notification not Required		
Date _____	Time _____	By _____
Citation Voided (if applicable) Date _____ By _____		